



	Program	AccessAbility Supports	
	Subject	Confidentiality	Policy # 1.2
Effective Date: March 26, 2019		Authorized by:	
Revised Date:		Deputy Minister Mark Spidel	

1.0 PURPOSE

1.1 To direct and ensure the appropriate collection and use of confidential information.

2.0 DEFINITIONS

2.1 **Applicant:** a person who applies for AccessAbility Supports (AAS), on whose behalf an application is made, or a person who receives AAS.

3.0 POLICY STATEMENT

3.1 Information obtained by the Department while providing services is confidential and may be shared only with other government departments, agencies, community service agencies or individuals when necessary to expedite required or requested services and only when permission has been obtained.

4.0 PROCEDURE STATEMENT

4.1 AAS applicants must be informed that personal information is collected under Section 3 (f) of Prince Edward Island’s Rehabilitation of Disabled Persons Act and Section 3 (a) of Prince Edward Island’s Social Assistance Act, and is used for the purpose of the administration of the AAS.

4.2 It is the Department’s legal obligation to protect information and set standards for the appropriate collection, use, and disclosure of information as set out by the Freedom of Information and Protection of Privacy Act (FOIPP) of Prince Edward Island. If clients have questions regarding the collection, use, or disclosure of their personal information they should contact the Access and Privacy Services Office at (902) 569-7590.

5.0 REFERENCES

5.1 Freedom of Information and Protection of Privacy Act (FOIPP)

6.0 ATTACHMENTS

6.1 Authorization to Obtain and/or Release Confidential Information

HISTORY:



PEI Department of Family and Human Services

AUTHORIZATION TO OBTAIN AND/OR RELEASE CONFIDENTIAL INFORMATION

Applicant Information	
Applicant Name	Provincial Health No.
Co-Applicant Name	Provincial Health No.
Address	

I, as applicant listed above, authorize Social Programs Staff, to share/ obtain information with _____ concerning the following specific matters _____.

I understand that the information as specified above which will be shared by means of this authorization will be used only for purposes of providing services to myself and /or co-applicant.

This authorization will expire immediately on the closure of the service to which it relates or one year after the date completed (see below), whichever occurs first.

_____ Signature of Applicant	_____ Date
_____ Signature of Co-Applicant	_____ Date
_____ Signature of Witness	_____ Date

Please forward the information requested to the office checked below.

- | | | | | |
|--|---|---|---|--|
| <input type="checkbox"/> O'Leary
P.O. Box 8
O'Leary, PE
C0B 1V0 | <input type="checkbox"/> Summerside
120 Heather Moyse Dr.
Summerside, PE
C1N 5P5 | <input type="checkbox"/> Charlottetown
P.O. Box 2000
Charlottetown, PE
C1A 7N8 | <input type="checkbox"/> Montague
P.O. Box 1500
Montague, PE
C0A 1R0 | <input type="checkbox"/> Souris
P.O. Box 550
Souris, PE
C0A 2B0 |
|--|---|---|---|--|

PRIVACY STATEMENT

Personal information on this form is collected under the Provincial Health Number Act R.S.P.E.I. 1988, Cap.P-27.01 and section 31 of the Freedom of Information and Protection of Privacy Act R.S.P.E.I. 1988, Cap. F-15.01, as it relates directly to and is necessary for the provision of AccessAbility Supports. If you have any questions about this collection of personal information, you may contact the Department of Family and Human Services at 1-877 569 0546.